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Bib Data Sheet

CONFIRMATION NO. 6245

SERIAL NUMBER 09/828,519	FILING DATE 04/06/2001 RULE	CLASS 707	GROUP ART UNIT 2171	ATTORNEY DOCKET NO. 1869-003A
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APPLICANTS

Andrew W. Lo, Lexington, MA;
 Harry Mamaysky, Stamford, CT;
 Jiang Wang, Lexington, MA;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/195,540 04/07/2000 *OIK*.

**** FOREIGN APPLICATIONS ******* *NM***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 06/04/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

James M. Bollinger, Esq.
 HOPGOOD, CALIMAFDE, JUDLOWE & MONDOLINO, LLP
 60 East 42nd Street
 New York , NY 10165

TITLE

Data processor for implementing forecasting algorithms

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 6245

Bib Data Sheet

SERIAL NUMBER 09/828,519	FILING DATE 04/06/2001 RULE	CLASS 705	GROUP ART UNIT 3624	ATTORNEY DOCKET NO. 1869-003A
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APPLICANTS

Andrew W. Lo, Lexington, MA;
 Harry Mamaysky, Stamford, CT;
 Jiang Wang, Lexington, MA;

**** CONTINUING DATA *******

This appln claims benefit of 60/195,540 04/07/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 06/04/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	3	1	1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

9629

TITLE

Data processor for implementing forecasting algorithms

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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